PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) KINECTA FEDERAL CREDIT UNION FEDERAL PAC 1440 ROSECRANS AVE ADDRESS (number and street) (Check if address is changed) MANHATTAN BEACH 90266 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS CARY@POLITICALLAW.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2014 C00430066 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. **CARY DAVIDSON** Type or Print Name of Treasurer CARY DAVIDSON [Electronically Filed] 07 09 2014 Signature of Treasurer Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

| Office |  |  | For further information contact: |
|--------|--|--|----------------------------------|
| Use    |  |  | Federal Election Commission      |
| Only   |  |  | Toll Free 800-424-9530           |
| Offig  |  |  | Local 202-694-1100               |

|             | FFC Fo                | rm 1 (Revised 02/2009)   | Page <b>2</b>                            |
|-------------|-----------------------|--|--|
| TYPI        | E OF C                | OMMITTEE   | . wyo <b>2</b>                           |
| Can         | ndidate               | Committee:   |  |
| (a)         | Ш                     | This committee is a principal campaign committee. (Complete the candidate information below.   | )  |
| (b)         |                       | This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)   | nplete the candidate                     |
| Nam<br>Cand | e of<br>didate        |  |  |
|             | didate<br>/ Affiliati | Office Sought: House Senate President  | State                                    |
| (c)         |                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |
| Nam<br>Cand | e of<br>didate        |  |  |
| Par         | ty Con                | nmittee:   | (Damas anatis                            |
| (d)         |                       | This committee is a (National, State or subordinate) committee of the  | (Democratic,<br>Republican, etc.) Party. |
| Poli        | tical A               | ction Committee (PAC):   |  |
| (e)         | $\times$              | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co  | nnected organization is a                |
|             |                       | Corporation Corporation w/o Capital Stock  | Labor Organization                       |
|             |                       | X Membership Organization Trade Association  | Cooperative                              |
|             |                       | In addition, this committee is a Lobbyist/Registrant PAC.  |  |
| (f)         |                       | This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)   | egregated fund or party                  |
|             |                       | In addition, this committee is a Lobbyist/Registrant PAC.  |  |
|             |                       | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |  |
| Join        | t Fund                | raising Representative:  |  |
| (g)         |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate. |  |
| (h)         |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.        | wo or more political                     |
|             | Com                   | mittees Participating in Joint Fundraiser  |  |
|             | 1.                    | FEC ID number  |  |
|             | 2.                    | FEC ID number  |  |
|             | 3.                    | FEC ID number  |  |
|             | 4.                    |  |  |

Title or Position Treasurer

| <b>g</b>                       |  |                                     |
|--------------------------------|--|-------------------------------------|
| FEC Form 1 (Revised            | 1.02/2009)   | Page <b>3</b>                       |
| Write or Type Committee Nan    |  | r age <b>o</b>                      |
|                                | ERAL CREDIT UNION FEDERAL F  | 240                                 |
|                                |  |                                     |
|                                | Organization, Affiliated Committee, Joint Fundraising Representative | ve, or Leadership PAC Sponsor       |
| KINECTA FEDERAL                | CREDIT UNION   |                                     |
|                                |  |                                     |
| Mailing Address                | 1440 ROSECRANS AVE.  |                                     |
| Mailing Address                |  |                                     |
|                                | MANHATTAN BEACH CA   | 90266                               |
|                                | CITY STATE   | ZIP CODE                            |
|                                | SINE   | ZII CODE                            |
| Relationship: X Connecte       | ed Organization Affiliated Committee Joint Fundraising Represei      | ntative Leadership PAC Sponsor      |
| books and records.             | entify by name, address (phone number optional) and position of the  | e person in possession of committee |
| Full Name                      |  |                                     |
| Mailing Address                | 515 S. FIGUEROA ST., STE. 1110                                       |                                     |
| •                              |  |                                     |
|                                | LOS ANGELES CA   | 90071                               |
| Title or Position              | CITY STATE   | ZIP CODE                            |
| Custodian of Records           | Telephone number   | 213 624 6200                        |
|                                | nd address (phone number optional) of the treasurer of the committee | ee; and the name and address of     |
| any designated agent (e.g.,    | assistant treasurer).  |                                     |
| Full Name CARY DA of Treasurer | AVIDSON  |                                     |
| Mailing Address                | 515 S. FIGUEROA ST., STE. 1110                                       |                                     |
|                                |  |                                     |
|                                | LOS ANGELES CA   | 90071                               |

CITY

STATE

Telephone number

213

ZIP CODE

6200

624

|                                     | n i (Reviseu   | 0 2 / 2009)  | Page <b>4</b>             |
|-------------------------------------|----------------|--|---------------------------|
|                                     |                |  |                           |
| Full Name of Designated             | FLORA YIN      |  |                           |
| Agent                               |                |  |                           |
| Mailing Address                     |                | 515 S. FIGUEROA ST., STE. 1110   |                           |
|                                     |                |  |                           |
|                                     |                | LOS ANGELES  | 90071                     |
|                                     |                | CITY STATE   | ZIP CODE                  |
| Title or Position  Assistant Treas  | urer           | 213  | 624     6200              |
|                                     |                | Telephone number   |                           |
|                                     |                |  |                           |
| Banks or Other<br>safety deposit bo | Depositories   | s: List all banks or other depositories in which the committee deposits fundains funds | ds, holds accounts, rents |
| Name of Bank, I                     |                |  |                           |
|                                     | . ,            |  |                           |
|                                     | KINECT         | A FEDERAL CREDIT UNION   |                           |
|                                     |                | 1440 ROSECRANS AVE.  |                           |
| Mailing Address                     |                |  |                           |
|                                     |                |  |                           |
|                                     |                |  |                           |
|                                     |                | MANHATTAN BEACH  | 90266                     |
|                                     |                | MANHATTAN BEACH CA STATE   | 90266<br>ZIP CODE         |
| Name of Bank, I                     | Depository, et | CITY STATE   |                           |
| Name of Bank, I                     | Depository, et | CITY STATE   |                           |
| Name of Bank, I                     | Depository, et | CITY STATE   |                           |
| Name of Bank, I                     | Depository, et | CITY STATE   |                           |
|                                     | Depository, et | CITY STATE   |                           |
|                                     | Depository, et | CITY STATE   |                           |
|                                     | Depository, et | CITY STATE   |                           |

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Form/Schedule: F1A Transaction ID:

CHANGING TREASURER'S ADDRESS

Form/Schedule: Transaction ID: